

COMPLAINANT CONTACT FORMS

POSTCARD

DATE _____	CASE NO. _____
On _____ 19 _____ you reported the theft of _____	
_____ to the _____ Police Department.	
Presently, this case is held in our active files.	
Please check appropriate statement below and return this card to our department within 5 days.	
_____	I have recovered the item(s).
_____	I have not received the item(s).
_____	I have additional information. Please Call me at phone: _____
_____	_____
NAME	ADDRESS
Officer _____	

TELEPHONE

Stolen Vehicle Validation _____ Police Department				R.D. No.		VALIDATION DATE	
NAME OF OWNER						HOME PHONE	
OWNERS ADDRESS						BUSINESS PHONE	
VEH. YR	MAKE	Model	VIN			DATE REPORTED STOLEN	
VEH. RECOV'D [] YES [] NO		DATE RECOV'D		IF RECOV'D HOW NOTIFIED [] POLICE [] OTHER			VEH. INSURED [] YES [] NO
IF INSURED-NAME OF INSURANCE CO.						REIMBURSEMENT MADE [] YES [] NO	
ADDRESS OF INSURANCE CO							
COMMENTS							
SIGNATURE OF INVESTIGATOR						STAR NO.	
SIGNATURE OF SUPERVISOR						STAR NO.	